



State of Connecticut

Department of Public Safety / Division of State Police

FATAL**ACCIDENT INFORMATION SUMMARY**State Police Troop: HCase Number: DPS- 05-036775

Notations:

Traffic: lightWeather: cloudyLane: R of 2Direction of Travel: N S E WInvestigating Trooper: Reyes# 1020Date: 7/27/05Time: 2130No. & Type of Veh's Involved: 2 cars

(Passenger Car, Truck, Bus, Etc.)

Related Information: light pole

(Pedestrian, Pole, Bridge Abutment, Etc.)

Town / City: East GranbyLocation of Accident: Rt. 187 / School St.

Utility Pole Name & Number (If Applicable):

Other (Specify): beideOper #1: Nikocevic, NerminOper #2: Cancio, RamonDOB: 1/6/74Gender: ☒ M ☐ FDOB: 8/31/73Gender: ☒ M ☐ FAddress: 2107 Cromwell Hills Rd.Address: 184 Turkey Hills Rd. #14Town: Cromwell State: CT Zip: 06416Town: East Granby State: CT Zip: 06026Oper. Lic. # 13685434 Type: State: CTOper. Lic. # 1211037483 Type: State: CTOwner #1: SameOwner #2: SameAddress: SameAddress: SameRegistration Plate: 317KPA State: CTRegistration Plate: 795TNF State: CTMake: Plymouth Model: Voyag/van Year: 99Make: Nissan Model: Max/4dr Year: 98VIN: 2P4GP25R7XR242275VIN: JN1CA21D1WM900143Seatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/ASeatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/AInsurance Company: AllstateInsurance Company: ProgressiveInsurance Policy #: 025357020 01/09Insurance Policy #: 50617343-6Injuries: head traumaInjuries: noneVehicle Damage: left sideVehicle Damage: front endVehicle Towed: ☐ No ☒ Yes, CT JobbersVehicle Towed: ☐ No ☒ Yes, CT Jobber

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #3:

DOB: Gender: ☐ M ☐ F

Address:

Town: State: Zip:

Oper. Lic. # Type: State:

Owner #3:

Address:

Registration Plate: State:

Make: Model: Year:

VIN:

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company:

Insurance Policy #:

Injuries:

Vehicle Damage:

Vehicle Towed: ☐ No ☐ Yes,

Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #4:

DOB: Gender: ☐ M ☐ F

Address:

Town: State: Zip:

Oper. Lic. # Type: State:

Owner #4:

Address:

Registration Plate: State:

Make: Model: Year:

VIN:

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company:

Insurance Policy #:

Injuries:

Vehicle Damage:

Vehicle Towed: ☐ No ☐ Yes,

Occupant(s): [Name / DOB / Address / Position in Veh]

1ATA7

Brief Description of Accident

Vehicle #1 was parked/stopped in a parking lot across from the J and G restaurant in East Granby. Vehicle #2 traveling S/B on Rt. 187, veered off the road, traveled over a curb and struck veh#1 on the left side. After initial impact vehicle #1 was pushed onto the grass onto its final rest. After initial impact vehicle #2 then struck a light pole before coming to final rest. Op#1 was pronounced dead by paramedics of LifeStar as they transported op#1 to Hartford Hospital. Op#2 was not injured. Any witnesses are asked to contact Troop H at (860)534-1000 or the East Granby Residents Troopers Office at (860) 653-5385.

This investigation is: ☒ Open / Continuing ☐ Closed

MEDICAL ATTENTION:

#1 Ambulance ☐ Yes, Company ☐ No

Patient Name: _____

Hospital _____

Injuries _____

#2 Ambulance ☐ Yes, Company ☐ No

Patient Name: _____

Hospital _____

Injuries _____

#3 Ambulance ☐ Yes, Company ☐ No

Patient Name: _____

Hospital _____

Injuries _____

#4 Ambulance ☐ Yes, Company ☐ No

Patient Name: _____

Hospital _____

Injuries _____

FATALITIES: ☒ Do Not Release Unless Next of Kin NotifiedName NIKOLEVIC, NELMINNext of Kin Notified? ☒ Yes ☐ NoName Family Notified by CSPHNext of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

ENFORCEMENT ACTION:

Arrested _____

Warned _____

Arrested _____

Warned _____

Supervisor's Approval Required: Signature

[Signature]

#

#101

Date

7/28/05